

Personally Speaking

All About People

Volume 1, Issue 2

DIVISION OF MENTAL RETARDATION SERVICES

July, 2005

Open Wide!

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Tennessee Disability MegaConference is MEGA Success!

"Sharing our Strength" was the theme of this year's Tennessee Disability MegaConference held in Nashville last month. Over 800 people, many representing more than 50 professional groups, attended the event, which is the largest disability conference in the state. Developmental disability authorities from all over the country served as guest speakers.

The conference's focus was Empowerment, Inclusion, Self-determination and Choice.



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Click and Check!

New DMRS Web Service Puts Up STOP Sign on Perpetrators

The Division of Mental Retardation Services considers all substantiated investigations of abuse, neglect, and exploitation against the people it supports as serious offenses. Persons with serious substantiated offenses are eliminated from consideration for employment with the DMRS and its contracted agencies.

Now, with the click of a computer mouse, perpetrators can be identified immediately. The DMRS Protection from Harm (PFH) group has authored its Perpetrator Search Function (PSF), an internet web page which allows PFH staff and provider management access to the Division's Incident and Investigations Database. A link to the Tennessee Department of Health Abuse Registry is also provided.



any of our agencies, and the Division itself," said DMRS Protection from Harm Director Debbie Payne. "It is simple to use and the feedback is instantaneous. The key here is that the PSF negates a perpetrator from working for multiple agencies and continuing to commit offenses."

Over time abuse, neglect, mistreatment and exploitation have been defined differently by the DMRS. Some incidents once termed serious, presently may be defined as staff misconduct. At one time the DMRS had some of the most stringent definitions in the country.

The PFH group uses an Investigation Leveling Tool as a means to promote consistency and grade the seriousness of an offense. Objectionable acts are identified and classified into one of three levels: (1)

"This is an excellent new tool to prevent or curtail employment of known offenders by

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Greene Valley Developmental Center Honored Receives Accreditation by The Council on Quality and Leadership

Greene Valley Developmental Center (GVDC) has attained a level of excellence rarely achieved by similar facilities, accreditation by The Council on Quality and Leadership (CQL). The recognition follows an intensive review of GVDC services by the Council and is a testimony to the hard work of the people living and working at Greene Valley.

During review of Greene Valley, the lead examiner for the Council, Nancy Condon, led an open meeting with consumers, families, conservators, GVDC Board of Trustees, GVDC Parent/Guardian Association representatives, Greeneville/Greene County Partners in Employment Opportunities, and the center's staff. During the review, stakeholders shared comments and testimonials to the quality of services provided by the center.

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From the Desk of Deputy Commissioner Stephen H. Norris

We're now just over a month into the new fiscal year. The DMRS, working with our stakeholders, fashioned strong



accomplishments the past 12 months, from waiver and legal achievements to new guidelines and structures, to enhancing the services and supports for the people we serve. I wish I could say to everyone that the level of intensity regarding our work might lessen in the coming months.

It will not.

We must move forward with the same energy and commitment that we have exercised in the past, as much needs to be done.

There are presently 3,700 persons on our waiting list for services. There are over 400 persons that must be enrolled in the Self-Determination Waiver by January 1, 2006. We are fortunate that as of July 1, as a result of the Brown Settlement Agreement, the DMRS received an infusion of \$5 million to allocate to eligible individuals who continue to wait for services.

We are addressing the fact that there are 65 individuals over the age of 18 who are being supported by the Department of Children's Services (DCS), but are eligible for DMRS support. These people must be transitioned into DMRS care by

October 1. For persons not yet 18, the DMRS and DCS are working together to develop a process which would ensure a smooth transition.

Our Mental Health Institute Discharge Project Program has been successful and we must continue its progress. As of the first of June this year 31 persons eligible for MR services remained at one of the state's five mental health institutes, compared to 90 two years ago.

We opened two behavioral respite homes with psychiatric care in the west and middle regions. Four new homes are planned this fiscal year, including the first in the east region.

Last month the DMRS began a process to review all single-person home applications. This move was made due to

the high costs associated with individuals living alone, a shortage of direct care staff and nearly 300 vacancies in existing homes statewide. The DMRS will grant approval for a single-person home on a case-by-case basis.

Persons living alone prior to June 1 are not affected. Persons desiring to live alone in family model homes or using a live-in companion model in supported living will continue to do so.

A specific policy on criteria and exemptions will be developed and distributed in the next few months. This new process is in line with the national practice.

We must continue the advances we have made in the quality of care in our developmental centers. The Department of Justice and the Parent/Guardian Association have deemed Greene Valley Developmental Center in compliance with the Clover Bottom/Greene Valley settlement agreement. Last month Greene

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Room for One Moore

Former TennCare Medical Director Joins DMRS



Dr. Louis Moore, M.D., M.P.H., former TennCare Medical Director of Long Term Care and Director of the Division of

Disability Services, has joined the DMRS as Medical Director for Policy and Government Relations. Moore will work with the DMRS to develop and implement policy for the institutional and community-based programs.

Moore brings strong credentials to the DMRS, having fashioned a stellar medical career in and out of state government. Graduating first in his class at the University of Mississippi (UM) with a B.S. in Pharmacy, Moore

worked as a retail pharmacist for several years before returning to UM for medical school. Moore received his Doctor of Medicine, Magna Cum Laude in 1978.

Moore served an Anatomical and Clinical Pathology Residency at the University of Alabama – Birmingham (UAB) and a Preventive Medicine Residency at UAB and the University of South Carolina. In between the residencies was private practice.

Since 1988 Moore has worked in state government. From 1988 to 2000 he held various medical directors' positions with TennCare and the Bureau of Medicaid. Following was a two-year term as Kentucky's Medical Director for the Department of Medicaid Services. ■



*DMRS Director of Quality Assurance
Pat Nichols*

DMRS QUALITY ASSURANCE UNIT RECEIVES NATIONAL RECOGNITION

The National Association of State Directors of Developmental Disabilities Services (NASDDDS) has tabbed the DMRS Quality Assurance unit for its outstanding work over the last two years. NASDDDS is a nonprofit organization working to improve and expand public services to people with mental retardation and other developmental disabilities. The association requested the DMRS to present at its annual mid-year national conference in Portland, Oregon April 28th and 29th.

DMRS Director of Quality Assurance Pat Nichols spoke on efforts the DMRS made which resulted in the lifting of the Centers for Medicare and Medicaid Services' moratorium. Nichols also relayed how the Division uses data to effectively manage its system. The presentation was one of four breakout groups at the conference.

"This was a special and proud moment for DMRS," said Nichols. "It was an honor to be asked to present at the conference, and it reflects how far we have come in our services and support. Many people worked very hard to put us in this position and we are continuing to move forward." ■

Up Close and Personal

Jan Coatney, the Division of Mental Retardation Services (DMRS) State Coordinator for the Family Support Program, says "No doubt about it!" she has the best job in state government. Jan has spent her entire career in the field of mental retardation and developmental disabilities, the last 13 years with the DMRS.

Jan, who has been hearing impaired since birth, wanted to be a Special Education teacher, but couldn't get certified due to her impairment. Undeterred she embarked on a career in MR, working for several providers in a variety of positions.

"I knew that working in mental retardation and developmental disabilities was my



Jan Coatney Family Support Program State Coordinator

calling," said Coatney. "I really wanted to be a Special Ed teacher, but when one door is closed, another opens and the one I walked through has brought so much satisfaction and fulfillment."

The Family Support Program is designed to assist individuals with severe disabilities and their families to remain together in their homes and communities. It is the only program in the state that provides funding to individuals of all ages and for all disabilities. When Jan joined DMRS in 1994 the Family Support Program received \$700 thousand in state funds. Under her direction the program now receives \$7.6 million.

Governor Appoints Arlington Nurse to Nursing Home Board

Arlington Developmental Center Director of Nursing Norma Lester has been appointed by Governor Phil Bredesen to be the nurse representative on the Board of Directors for Nursing Home Administrators. The Tennessee Nursing Association recommended Lester, who earlier in her career spent 18 years in the nursing home industry.



*Norma Lester, Arlington
Developmental Center Director of
Nursing*

"This is certainly an honor and I promise to serve well on the board," said Lester. "The significance for me is that this appointment was received by someone presently in the state system. The fact that I was recognized and supported by my peers makes it all the more satisfying."

Lester, who is to serve a three-year term, will have time to focus on her board work as she is retiring in October. She is a 40-year nursing veteran, having worked as an LPN and held numerous positions in the nursing home industry. Lester has been Director of Nursing at Arlington since 1995. She started the statewide developmental center Nursing Quality Improvement Group, which focuses on quality assurance and setting policy and practices. ■



Open House celebrating two new supported living homes in Scott County. Housing Opportunities and People Enterprises, Inc. (HOPE) and Scott Appalachian Industries, Inc. (SAI) were hosts.

Front Row L to R: Scott Co. Mayor Dwight Murphy, Huntsville Mayor George Potter, First National Bank VP Alan Lay, First National Bank VP Louise Reed, HOPE board member Vivian Smith, HOPE board member Haley Terry, TN Housing Development Agency representative Mia Billingsly.

Home Sweet Home

If “Home Is Where the Heart Is,” then the DMRS providers have an opportunity to open the door to a great amount of warmth and happiness. Affordable housing for persons with special needs is available through federal funds and some providers are taking advantage of these resources.

Scott Appalachian Industries (SAI), a Supported Living and Day Services provider, and Housing Opportunities and People Enterprises (HOPE), both from Scott County, celebrated the opening of two supported living homes recently. The houses, which are extensively designed for persons with special needs and also care staff friendly, were funded by the Federal Home Loan Bank of Cincinnati (FHLBank) and the Tennessee Housing Development Agency.

“Providing choices, opportunities and care for citizens with disabilities is ethical and it’s the right thing to do,” said SAI Executive Director Larry West. “It is the most moral issue facing this country. There are many avenues in which to assist this vulnerable population, and we are proud to offer our services and are extremely pleased and excited with these new homes.”

Scott County benefited handsomely from the \$330,000 project. The new homes are responsible for 28 new jobs with a payroll just over \$500,000. Also, this is another step forward in Scott County’s rapid growth in its ability to care for persons with special needs.

“The DMRS encourages our providers to take advantage of federal funding for

Middle Row L to R: HOPE board member Randy Bates, First Trust and Savings Bank Exec. VP Gerald Pike, Lincoln Davis field agent John Robbins, DMRS representative Fred Coe, Lumber King President Bill Singleton, FHLB representative Gerry Pickett.

Back Row L to R: Hope board member Kristie Smith, HOPE Director Terina Cantrell, SAI Exec. Dir. Larry West, DMRS East Regional Dir. John Craven, DMRS Dir. of Residential Services Brian Dion.

wheelchair accessible homes,” said DMRS Director of Residential Services Brian Dion. “We applaud SAI and HOPE for their effort in bringing this project to fruition. Dreams are being realized through their work.”

Agencies seeking information can refer to the Housing Resource Directory on the DMRS website at www.state.tn.us/dmrs.

West Named to FHLBank Advisory Council

SAI Executive Director West has worked with the FHLBank for several years on housing for persons with developmental disabilities. Recently West was named to the bank’s advisory council. FHLBank of Cincinnati serves Tennessee, Ohio and Kentucky, with five council members chosen from each state. West, with 21 years of experience in mental retardation, was appointed due to his background with special needs housing. The FHLBank of Cincinnati, which has made special needs housing its highest

priority, is part of the Federal Home Loan Bank System, a national network of more than 8,000 financial institutions, 12 District Banks, and the Federal Housing Finance Board (FHFB) in Washington, DC. The District Banks expand housing and economic development opportunities throughout the nation by providing loans and other banking services to community-based financial institutions. ■

Greene Valley.....cont.

“The Greene Valley staff is dedicated to maintaining and building on community relationships and partnerships that will enhance opportunities and the quality of life for each person living at Greene Valley,” said GVDC Superintendent Dr. Henry Meece. “Our staff has consistently embraced changes in service provisions necessary to meet the changing needs of people receiving services, and clearly our staff has elevated service delivery to excellence.”

The Council on Quality and Leadership is an organization whose mission is to provide worldwide leadership for greater accountability, responsiveness, and quality performance in human and social service organizations and systems. The Council has more than thirty years’ experience in evaluating services provided to people with disabilities and in consulting with organizations like Greene Valley on developing positive system changes.

GVDC has been in partnership with the Council for more than seven years, resulting in an enhanced quality of life for people receiving services at the center.

“I congratulate Bud Meece and the entire staff at Greene Valley on this prestigious and rare accomplishment,” said DMRS Deputy Commissioner Stephen H. Norris. “It is reflective of a strong commitment, dedication and caring. These are lofty standards we have come to expect from Greene Valley. The entire Division is delighted and proud of their performance.” ■

CUTTING TO THE CHASE

New TNCO President Talks About All Things MR

Lee Chase recently assumed the presidency of the Tennessee Community Organizations (TNCO). Chase, Executive Director of Dawn of Hope agency in Johnson City, is on his second tour of duty as president. Personally Speaking visited with Chase to get his thoughts and ideas on MR and his new position.

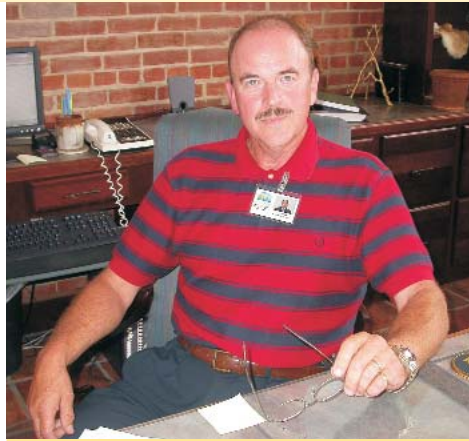
PS – This is your second time around as president of TNCO. Who knew TNCO was big into recycling?

LC – (Laughs) Actually, that’s what we call it! No, this isn’t a rerun at all. I was president the first time in 1993 and had been an executive director for six years, now it’s almost 19. I had been a member of TNCO for four years and now it’s 17. So very much has changed in service delivery since 93’ and so many more opportunities are available. Things that were unknown in Tennessee back then are common service options today. I’ve been a faithful supporter of TNCO all these years and a board member save for one year. I strongly believe in TNCO and its mission and I think I can be a contributor.

PS – Being a former president, how does that help you?

LC – It’s not just about being a former president, but remaining active with the organization. It’s allowed me to follow the evolution of the group from the former CMRA to the various spin-offs. Seeing us acquire both legal counsel and lobbying capability has made TNCO a much stronger organization than my first time around. Yet at the same time I’m very concerned for providers out there that don’t realize the value in a TNCO membership. Last year as we have all made and gone through tremendous changes, a value couldn’t be placed on real-time information TNCO members received. The cost savings alone in being able to make operational, personnel and programming changes even before official information is released more than covers the cost of membership.

PC – From an executive director’s



Lee Chase, New TNCO President

standpoint, what do you bring to the table? What have you learned as an executive director?

LC – I’ve been in MR services for a long time. I have the experience, the management background, and know what is required to get things done in our profession.

The most important thing I have learned as an executive director is probably not what you were looking for in asking that question. The most important thing I have learned is this is the best profession in the world because you work with some of the best people imaginable. That includes first and foremost the people we serve and support. My day isn’t complete without some involvement with them. Second is the wonderful and devoted staff that stay in this business sometimes at their own financial detriment. Finally all those others – families who are overwhelmed with what to do, seeing their gratitude when you make something work, and of course our individual communities that support our agencies so strongly.

PS – What is your game-plan for TNCO? What do you hope to accomplish on your watch?

LC – We have set three major areas of focus. One is to increase TNCO’s membership of provider agencies. Over the last several years there’s been an increase in provider agencies, but we’ve seen our organization’s membership shrink. New

agencies can be vulnerable, for example not having strong identities. We need to reach out and trumpet the benefits of being a TNCO member.

There is concern regarding the Direct Support Professionals. There needs to be enhancement in every area – salary, benefits and training just to name a few. This is the most critical issue facing providers at this time and therefore it becomes the most critical issue facing MR. Budget is an issue. However, with the oversight requirements from the courts and the Centers for Medicare and Medicaid Services, increasing resources may still be required for several years, especially with regard to serving additional recipients. Also, there is a large turnover in the DSP ranks, not much stability. We need to raise the professionalism. Let’s focus on the career path of a DSP and not let this position be a “stopping point” on the way to something else.

Third is the improvement and growth of quality of services and supports among our agencies. I alluded to it with the DSPs. We need to concentrate on the people who provide the “hands on” service. We have to look at training. TNCO could collaborate with DMRS in this area. We could provide a wealth of feedback.

PS – No doubt training is high on your list. Where else does the spotlight need to be directed? What is the future of MR services?

LC – Again, we have to look at training. We have to address the volume and quality, and adequately balance the two. How do we achieve a dual path and maintain fiscal responsibility. There absolutely must be a commitment to quality. We must build an internal capacity and we must be able to find enough providers to have quality services.

There is a tidal wave coming at us, and it’s big. It’s the aging aspect of our service recipients. It was in the 50s and 60s when the state made a commitment to mental

Medical Message

Dr. Adadot Hayes, M.D., DMRS Medical Director

The Role of DMRS Clinical Services

State provided services to people with mental retardation are often considered "social programs." What role does DMRS have in the health and clinical areas?

Having good health affects nearly every aspect of life. The best possible health is necessary to lead the best possible life, to be independent and productive. This is also true for persons with mental retardation. Until recently, people with mental retardation, as a general rule, have not received good medical care or clinical services. In the distant past they were often abused or put to death solely because they had a disability. In the late 18th and early 19th centuries, they began to be placed in institutions. While initially perceived as training programs, they quickly developed into custodial care centers where residents received little or no real clinical care. Interestingly, now that most people with mental retardation are living in the community, developmental centers are becoming centers of excellence and that is true for Tennessee.

In recent years, people with mental retardation have been served mainly in the community, but in generic settings where clinicians often have had little training or experience, and who may have some of society's negative attitudes toward this population. Lack of clinician experience and exposure to people with disabilities, and a lack of understanding of the disability itself have often led to denial of or inappropriate care. For example, many folks feel that Down syndrome persons do not live very far into adulthood, while they may enjoy a productive life with a median life span of almost 57 years. Another misconception is that persons with mental retardation do not "enjoy" life, so why should they need good health or good health care. And, as with the rest of society, persons with mental retardation are getting older



*Dr. Adadot Hayes, M.D.
DMRS Medical Director*

and have increased health care needs, as is true for the rest of the population. On the other hand, more clinicians are becoming interested in people with mental retardation, and there is increasing, although limited, understanding about their clinical issues and treatment. Many people with mental retardation, along with the rest of the population, are recipients of the advances in technology. As an example, thirty years ago there were very few medications available for seizures, a problem which occurs in about 40% of persons with mental retardation. Currently there are around 20 medications to treat seizures as well as other advanced technologies such as vagal nerve stimulation. At the present time it is possible for persons with mental retardation to enjoy the advances in medicine enjoyed by the rest of the population, which may include any health care modality such as advanced procedures, surgery, medications and treatments.

Health encompasses many areas. Most of us first think of physical health which generally refers to the body and body processes, but it also includes mental health which includes such things as self image, feelings, coping abilities and behavior. Another area is social health, which includes the ability to get along with people, relationships and the feeling of accomplishment. Wellness issues, such as attending to exercise and diet, are now considered important in

maintaining and promoting good health. Issues related to aging such as living as long as possible with a good quality of life and dying in a dignified manner are also of concern to persons with mental retardation. Others areas of importance include the concept of risk. This includes heredity risks, environmental risks, diagnosis-specific risks, as well as medical and behavioral risks.

All people with mental retardation have the same health problems and health needs, as well as response to treatment, as the general population. However, these problems may present in a different manner in persons with mental retardation or may be difficult to interpret secondary to lack of information; either the person is non-verbal or lacks records.

In general, persons with mental retardation have health issues that fall into three general areas:

1. Developmental disability specific clinical issues such as mental retardation, cerebral palsy, autism or genetic syndrome such as Down syndrome – these disorders are not generally well understood by clinicians in general practice
2. Associated medical problems or secondary complications related to diagnoses stated above – this would include issues such as dysphagia in persons with cerebral palsy or Alzheimer's disease for which people with Down syndrome are at high risk
3. General medical issues not related specifically to mental retardation have the same importance, treatment and concern as in persons without mental retardation and include such issues as elevated cholesterol levels, heart disease, cancer and other general medical problems

In addition to clinical services that are available for the general population, many specialized clinical services are available to persons served by DMRS mainly through the HCBS waiver program. These services include such

Curtain Comes Down on Distinguished Career of Orange Grove's Mike Cook



Orange Grove Center Executive Director Mike Cook, a friend to the entire MR community and a champion of the best possible community services for people with developmental disabilities, stepped into retirement last month. Cook's exit brings to a close 34 years of outstanding contribution to developmental disabilities.

Before spending 27 years at Orange Grove, Cook served as a direct support professional, director of a federal demonstration project, program director for a private agency, and as a representative for the Accreditation Council for Individuals with Mental Retardation and Developmental Disabilities.

"My career has allowed me to witness remarkable advances, especially in the standard of living now expected for persons with developmental disabilities," said Cook. "It continues to give me encouragement that those who dedicate themselves to this field are always searching for ways to enrich the lives of those they serve. Every challenge, no matter how great, is expected to be conquered and usually is."

During his tenure with Orange Grove Cook transformed the community-based group, serving approximately 450 adults and children in a residential and day services with a budget of around \$5 million a year, to a comprehensive and person-centered program serving in excess of 650 adults and children in a variety of settings with an annual budget over \$28 million.

Cook initiated and worked with community and state leaders in developing appreciable improvements in system services. He has held numerous leadership positions in various organizations. Cook fashioned a distinguished career while enhancing and enriching many lives along the way.

The new retiree intends to become a near-fulltime grandfather, devoting some time consulting with the DMRS and in the private sector. The DMRS congratulates Cook on a renowned career and offers its very best wishes. ■

Jason Atkins *DELIVERS!*

Jason Atkins has a cognitive disability. It was always assumed he wouldn't be able to work at a regular job. Jason is making an emphatic statement that those assumptions are wrong, and debunking the myth that persons with a developmental disability are unemployable.

Jason is supported by the Michael Dunn Center in Kingston. Dunn Diversified Industries (DDI), a non-profit corporation that provides employment opportunities for people with and without disabilities, arranged a job for Jason which has turned into a major success for everyone involved. Jason works with Capstan Tennessee Inc. a company that manufactures precision metal parts for heavy equipment. His job is to load, deliver and unload for the company.

Jason doesn't speak, but is very happy in his job. The DDI staff has been amazed at

his focus, and the work has tempered an excitable personality.

"Jason is a different person," said DDI General Manager Melanie Harmon. "The job has given him a sense of purpose and provided a daily structure. He has tremendous drive and works extremely hard. Everyone at DDI is very proud of him."

Jason's performance hasn't gone unnoticed by his co-workers. Capstan employee Stephanie Spears says she represents the entire company when she talks about Jason.

"Jason was quick to catch on with the way we do things," said Spears. "We gave him directions a couple of times and then he was off and running. He's very independent and doesn't make mistakes."



Success and Pride

Supporting persons in employment is a powerful way to create a sense of worth and community belonging for people with disabilities. The Michael Dunn Center has a long history of helping people with disabilities explore and develop employment opportunities. The agency has one of the highest rates in the state of finding adults, funded by the Division of Mental Retardation Services (DMRS), employment in the community.

"The Michael Dunn Center has done a wonderful job in providing employment opportunities for persons with disabilities," said DMRS Director of Day Services Carmel Johnson. "Thanks to the Michael Dunn Center and DDI, Jason's story is one of many examples of what can happen when individuals are offered choices and opportunity. They become part of the community and improve on all facets of life." ■



– L E G A L U P D A T E S –

Several federal lawsuits have influenced the service system of DMRS over recent years. Each suit has specific orders and mandates that the division must follow. Below is the current status of each.

The Arlington Developmental Center Remedial Order (1993)

The parties continue their efforts to resolve disputed issues in this lawsuit, including the pending motion by the Parent Guardian Association (PGA) seeking to enjoin the implementation of the Agreement Resolving Show Cause signed by the State, United States and People First in December 2004. In response to concerns raised by PGA and the Court Monitor, this taskforce will look at the service recipient population, including growth factors and intensity of needs; the current provider capacity; and provider capacity building issues and strategies. The findings and recommendations of this taskforce will be considered by the parties in the effort to resolve disputed issues.

The Clover Bottom and Greene Valley Development Center Settlement Agreement (1996)

The motion seeking partial termination of the settlement agreement regarding Greene Valley Developmental Center is expected for hearing this fall. This motion asserts that Greene Valley is in substantial compliance with the institutional requirements in the agreement. The Department of Justice and the Parent Guardian Association have agreed that Greene Valley is in compliance with the institutional requirements and do not oppose the State's motion. Class representatives People First of Tennessee oppose the State's motion. The Court has established deadlines for discovery in preparation for a formal court hearing at which the exit of Greene Valley from the lawsuit will be decided.

Brown Waiting List Settlement (2004)

Fiscal Year 2005 has seen many changes regarding the waiting list. The changes have been positive ones for the Division. In the past two months these efforts have resulted in a net effect (number of people added minus the number of people removed from the waiting list) of an overall reduction in the waiting list by 99 people. Since July 2004, DMRS has been successful in providing services to a total of 696 new people statewide. It should be noted that this was accomplished with a moratorium, followed by enrollment restrictions for a majority of this time period.

Letters have recently gone out regarding the money for the Consumer Directed Supports program. Consumer Directed Service funds are available to persons waiting for services in crisis, urgent or active categories. Since July 2004, a total of 1125 people have accessed the Consumer Directed Supports Program with \$2,037,129 spent thus far.

Consumers and guardians, if you have questions about these programs, and/or if your or your loved one's situation has changed, make sure you contact your assigned case manager with updated information. The parties will soon begin negotiations for the next three years of the agreement. Please watch for additional updates in the future. ■

FORE-GONE CONCLUSION: Nashville Golf Classic a Huge Success; DMRS Golfers Should Stick to Putt Putt

When you tee it up in the Nashville Golf Classic (NGC), everyone is a Tiger Woods or Annika Sorenstam – all are big winners! The 30th annual NGC, the longest running charity golf event in the state, benefits Special Olympics Tennessee.

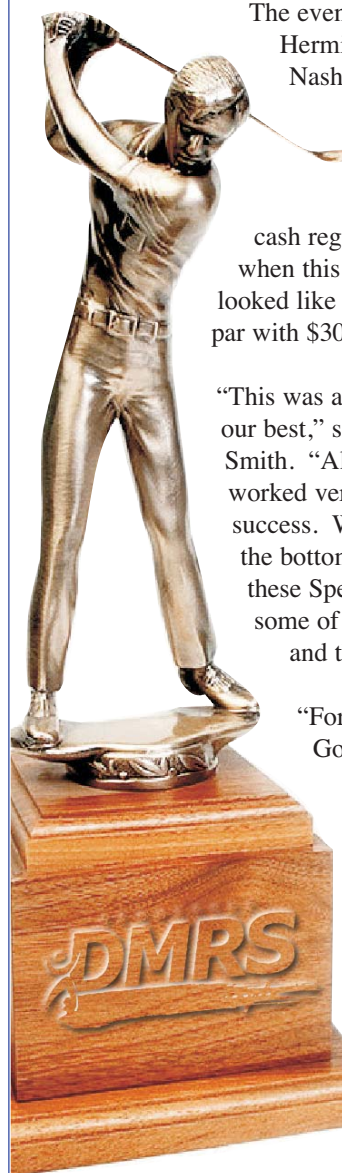
The event was played last month at Hermitage Golf Course in Nashville with 288 golfers

swinging away and dodging raindrops from a brief, fierce thunderstorm. The

cash register was still ringing when this story was written, but it looked like the event was way over par with \$30 to \$40,000 raised!

“This was a super event, by far one of our best,” said NGC President Glen Smith. “All our staff and volunteers worked very hard to make this a success. We have a good time, but the bottom line is we are helping these Special Olympians realize some of their goals and dreams, and that’s special.”

“For many years the Nashville Golf Classic has been one of our largest support groups,” said Special Olympics Tennessee Executive Director Alan Bolick. “There are few words which can adequately describe the dedication and generosity shown by the people who, year-after-year put this event together. The rewards are many for



both the athletes and the participants.”

Mark Twain said, “Golf is a good walk spoiled.” The four DMRS associates participating in the NGC took that moniker a step further with “A day off destroyed.”

Click and Check...cont.

most egregious (may warrant referral to the Abuse Registry) (2) moderate (3) least egregious (identified as Reportable Staff Misconduct).

“Another feature of the PSF is that it can clear a person’s name,” said Payne. “For example, our database begins in June, 2000. At that time if two workers were on duty and one left the job early, neglect would be substantiated. Under our present definitions this is classified as misconduct where the risk of harm is minimal. We can now identify and measure such situations and exonerate the individual employee as appropriate.”

The knowledge to navigate a web browser is all that is needed to utilize the PSF. The user travels to the DMRS Home Page, www.state.tn.us/dmrs, selects the DMRS Web Applications link, clicks on the PSF link and follows the prompts.

Once past the entry procedures the user selects the type of search to be performed: Employee or Applicant and the region of work, East, Middle, or West.

The Social Security Number of the person being searched is entered, Search is clicked and Match Found or No Match Found will be displayed. If a match is discovered the

message: Please Contact DMRS Protection from Harm will appear on the screen. The user then communicates with the PFH group through fax and telephone. A review of the investigation is conducted and the level of egregiousness is determined.

The PSF is operated under strict security. No sensitive information is placed in the system; if a match is made it is red flagged and the user is instructed to contact the PFH office.

Only authorized users are allowed entry to the application. Executive Management of each provider and state staff must complete a “Request for Management Staff Security Code for DMRS Perpetrator List” form designating themselves, and up to two other management personnel as valid users. The form is then forwarded to the DMRS.

The PFH group assigns an ID and password to each authorized user and both are required for validation at login. Client workstations accessing the PSF must establish a secured link to its web server.

“We are very pleased to have this system in place,” said Payne. “It is a major step forward in protecting people with developmental disabilities. We are constantly working to enhance our services and supports for the people we serve.” ■

Stephen H. Norris...cont.

Valley received accreditation from The Council on Quality and Leadership signifying a level of excellence in care. We must increase our efforts to bring the Clover Bottom and Arlington Developmental Centers to that level of compliance.

The Centers for Medicare and Medicaid Services will visit the DMRS this fall. The CMS will conduct a waiver review, intensely surveying our programs. Just to name a few, close scrutiny will be given to our Quality Assurance, support plans, training of Individual Support Coordinators and Case Managers and our Protection from Harm group. There is no

understating the magnitude of this visit and the importance of being prepared. Finally, while there have been some gains, we must do better with communicating within the DMRS and to our stakeholders. Tools are being developed to address this issue and will be implemented soon. The long-awaited new DMRS website is just a few short weeks from being a reality and on the horizon will be a DMRS Intranet.

The list goes on and on. I have always considered public service a privilege, not just a job. The DMRS and our stakeholders have an opportunity to create a lasting legacy of service. I have said many times our strongest asset is people. Together, I am confident we will accomplish great things for the people we serve. ■

Cutting to Chase...cont.

retardation and developmental disabilities. Back then the service and support focus was on children. Now we’re in 2005 and those children are aging. Also, many families chose to keep their children at home. The parents/caretakers are losing the capacity to care or are dying. Where do these persons requiring assistance go? Nursing homes? Nursing homes aren’t accustomed or prepared to administer to this population.

We also have to look at institutionalization. There is a growing problem in the move away from institutionalization and into the community. Most of the persons remaining institutionalized are medically fragile. Institutions have the inherent capacity to take care of these individuals. We need more professionals.

PS - For many years the DMRS has been in disarray. Deputy Commissioner Norris was brought in 18 months ago to “right the ship.” There have been major changes. Is the DMRS compass pointed in the right direction?

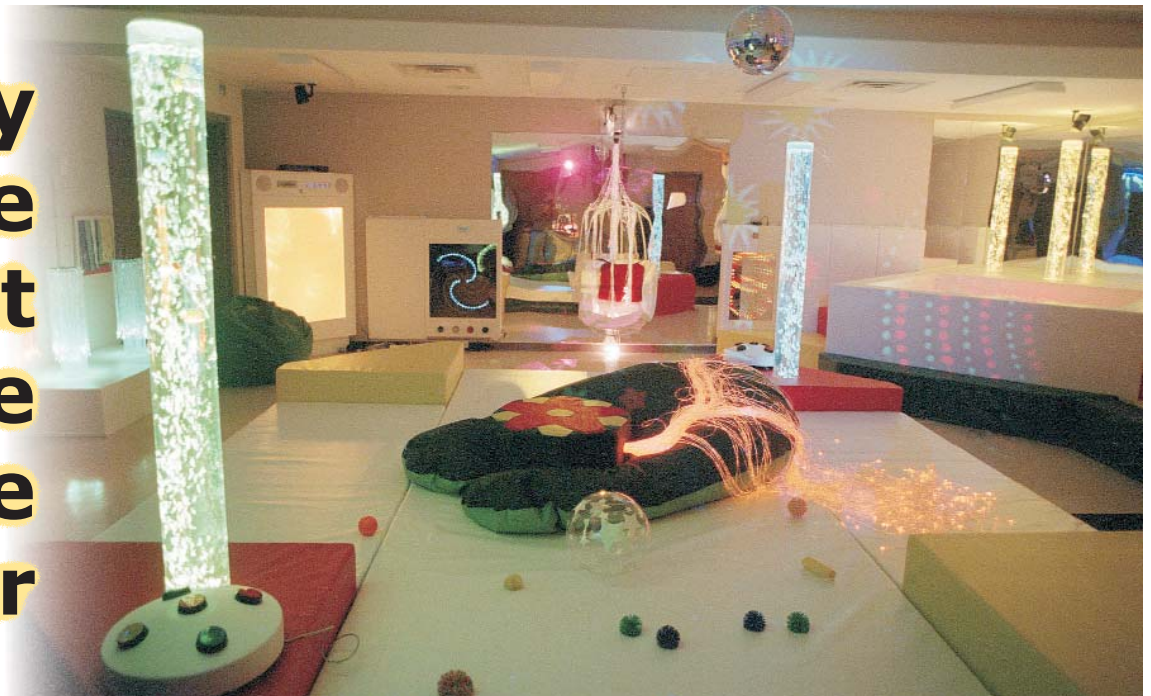
LC – Anyone in the provider ranks will tell you they applaud Governor Bredesen and Commissioner Goetz on the selection of Deputy Commissioner Norris to lead DMRS. His relationship with providers is the best we’ve had in 10 years. He has brought organization to the DMRS, the right people have been brought in, and he’s set goals and expectations. He listens and works with us. His approach is the main reason solutions to long-time problems are being developed.

I definitely believe it’s time the DMRS be brought to the state level. It’s time for it to become a department and stand on its own. The size of the DMRS and its budget dictate it can stand alone.

PS – How can the DMRS enhance its relationship with providers and the entire MR community?

LC – Continue to foster the strong relationship that has been developing. Think partnerships. Include all stakeholders in the public policy development process. Mutually agreed upon solutions increases efficiency and raises the probability of success. ■

Sensory Treasure Trove at Orange Grove Center



For a first-time visitor it's like stepping back into the 1960's – black lights, fiber-optic strands, bubble tubes, flashing lights! The only thing missing is The Doors, Jefferson Airplane or Jimi Hendrix blasting from a stereo.

It's a trip for sure, but not like the ones in the 60's, and it's not about going back in time. It's the Snoezelen Room, the sensory stimulation environment at Orange Grove Center in Chattanooga. Completed in March, the \$50,000 unit is serving as a valuable learning tool for the center's clients.

"Persons with disabilities have trouble interpreting noises, textures, sights; it's a problem with sensory integration," said Orange Grove Coordinator of Occupational Therapy Melissa McCranie. "Sensory understanding is a key to higher learning and Snoezelen helps persons with disabilities process information from their senses."

The room is a gold mine of features for sounding reveille to touch, hearing, sight and smell. There are dozens of stimuli, from the bubble tubes and fiber-optic curtains to a vibrating beanbag, aromatherapy, fans, sound-light machines, and a small swimming pool filled with glowing balls.

Snoezelen, pronounced Snooze-uh-len, is a combination of two Dutch words which translate as to "explore" and "doze." The Snoezelen sensory therapy concept was developed twelve years ago in, of course, Holland. It's an ideal name for the room since one of the main, targeted effects is relaxation. However, the idea of a multi-sensory environment encompasses a sensory therapy which is unique to each individual. For some it may be soothing, to others stimulating.

"We have had awesome results," said McCranie. "One young girl didn't like anything in her hands; she cupped them when touching. When exposed to the bubble tubes with their movement, warmth and vibration, she opened her hands and rubbed them. It facilitated grasping.

"It's a sense of awe and wonder for them and the ultimate joy and satisfaction for us. You focus on baby steps in therapy and when you see their faces, see what they glean from this environment, it's wonderful. This is an incredible therapeutic vehicle for us and our people are making so much progress."

Much is to be learned from Orange Grove's Snoezelen Room. For instance, while there are strong, positive results during therapy, it isn't known how long and to what degree those benefits are

maintained. Orange Grove and the University of Tennessee at Chattanooga are teaming to conduct research, measuring the room's influence on persons with neurodevelopmental disabilities.

On the horizon at Orange Grove will be work with persons with dementia and Alzheimer's. Snoezelen has been shown to aid in those areas as well as with persons who have addiction, strokes and who need pain management.

It should be noted that it doesn't take \$50,000 to create a sensory stimulation environment. Orange Grove Center is in partnership with FlagHouse, Inc., the largest supplier of Snoezelen equipment in North America. FlagHouse donated Orange Grove's equipment so the center could conduct research. Success in sensory stimulation can be achieved on a much smaller scale. Think Spencer Gifts.

"You can go to any number of stores and purchase items which will serve the purpose quite well," said McCranie. "Lava lamps, black lights, fiber-optic creations of some sort, fans; just use your imagination, they're all out there. There are so many possibilities."

And one thing is for sure, there are so many benefits. ■

Mega Conference...cont.



DMRS Deputy Commissioner Stephen Norris addresses the conference.

Topics discussed included: Traumatic Brain Injury, Self Employment, Autism Spectrum Disorders, Issues and Actions in Federal and State Government Affairs, Customized and Individualized Supports, TennCare Reform and Fair Housing.

The event was organized by The Arc of Tennessee, assisted by co-sponsors and volunteers. The Executive Director of the Arc of Tennessee Walter Rogers was pleased with the conference's success.

"The 2005 Tennessee Disability MegaConference was the biggest and best ever," said Rogers. "Through the assistance of the Division of Mental Retardation Services and our conference partners we were able to provide more stipends to self-advocates, family members, and direct support professionals than in previous years.

This was our third year and we have grown to the point where more than 800 people came together to learn about best practices, network with friends and colleagues, and have fun at the same time."

A Job Well Done!

Throughout the conference, associations presented awards to persons and businesses that enhance the disability community. Congratulations to the many award recipients!



Ted Eveland of DMRS Consumer Affairs assists visitors at the Division's exhibit.

The Arc of Tennessee Direct Support Professionals Award

Jim Adams, Mid-TN Supported Living, Inc., Nashville
Stacie Castle, Chip Hale Center, Rogersville
Kenneth Derossitt, Pacesetters Inc., Cookeville
Cherice Dupree, Community Developmental Services, Inc., Huntingdon
Laura Jernigan, Emory Valley Center, Oak Ridge

Deborah Lawyer, Pacesetters Inc., Sparta
Christal Lucas, Nashville
Danyetta Najoli, Progress, Inc., Nashville
Patsy Tucker, Care For Meg, Inc.
Pam Vaughn, Mid-TN Supported Living, Inc., Nashville
Pamela Williams, Waves, Inc., Franklin
Glen Claiborne, Orange Grove Center, Chattanooga

The Arc of Tennessee Community Award

Outstanding Educator - Penny Garland, Johnson City
Outstanding Employer - L.P. Shanks Company, Crossville
Outstanding Employer - Maury Mulder, Southern Universal Services, Brentwood
Media Excellence - Matt Shafer Powell, WUOT, University of TN, Knoxville
Outstanding Community Leadership - Gary Housepian, TN Protection & Advocacy
Self-Advocate of the Year - Merry Jensen, Memphis

The Arc of Tennessee Values Award

Integrity - Paige Nichols
Respect - Gary Mott
Courage - Pat Zappulla
Justice - Gordon Bonnyman and the Tennessee Justice Center

Direct Support Professionals Association of Tennessee Champion Award

DMRS Deputy Commissioner Steven H. Norris ■

Medical Message...cont.

services as occupational therapy, physical therapy, nutrition, nursing, mobility and orientation (not an inclusive list) which are modified for this specialized population and include chronic and maintenance care. Also covered are services that are unique to this population such as specialized behavior services and assistive

technology. These services are delivered by persons credentialed by DMRS and paid through TennCare. They are planned through the ISP (Individual Support Plan) process and are tailored to each individual's needs.

DMRS also has requirements and programs to help with the support of health care and clinical treatment not paid for by DMRS. As for the general public, these services are built on a

"partnership" model. This means that the service recipients supported in the DMRS system, and the people and plans associated with this support, have an obligation to partner with the treatment program. Among the supports that DMRS now requires and provides for people with mental retardation, health and clinical services rank high in contributing to well-being, independence and productivity in promoting a high quality of life. ■

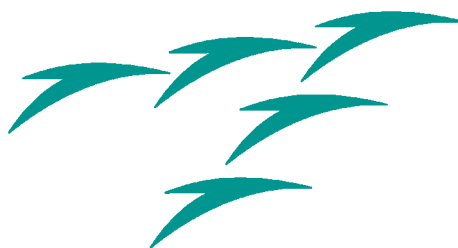
F • R • I • E • N • D • S



Tennessee Disability MegaConference Was All About People

Knowledge promoting empowerment was gained, friendships formed and relationships made. The third annual Tennessee Disability MegaConference proved to be another resounding success for people of all abilities. This was the first year that Direct Support Professionals were awarded stipends to attend. Training sessions were geared toward self-advocates, professionals seeking continuing education credits, family members and DSPs. The Arc of Tennessee thanks all the contributing agencies, organizations and volunteers who worked very hard to make it one of the best conferences ever!

For more information and to view photos see the accompanying article in this newsletter. ■



T E N N E S S E E D I S A B I L I T Y C O A L I T I O N

The ADA Turns 15!

The Americans with Disabilities Act (ADA) was signed into law by President George Herbert Walker Bush on July 26, 1990. People with disabilities, their friends and family often refer to July 26 as "Another 4th of July," reflecting the significant impact of civil rights protections within the law.

The ADA's civil rights protections guarantee equal opportunity for people with disabilities in employment, state and local government services, public accommodations, and telecommunications. The ADA has helped to break down many barriers to access. This results in many more people with disabilities being able to participate in life, thereby contributing their individual skills and talents.

The Tennessee ADA Leadership Network is coordinated by the Tennessee Disability Coalition and receives substantial funding from the Southeast Disability & Business Technical Assistance Center (<http://www.sedbtac.org/>) in Atlanta, GA.

For a list of ADA Network contacts, contact Donna DeStefano at the Tennessee Disability Coalition, phone: 615-383-9442/tty: 615-292-7790 or go online to

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T E N N E S S E E C O U N C I L



DEVELOPMENTAL DISABILITIES

Council on Developmental Disabilities

One of the most popular programs of the Council is the Leadership Institute, which offers two unique educational opportunities. Partners in Policymaking is an intensive training program for individuals with disabilities and family members. Each year a class of 25 is selected from applicants from across the state. A diverse group is assembled that represents all geographical areas and cultures in Tennessee, and all types of disability. Participants attend classes from Friday noon through Saturday afternoon for seven weekends spread across the year. Speakers are national and state disability experts in areas such as employment, education and housing services, futures planning, the state and federal legislative process, public speaking, assistive technology, and many other topics.

The greatest experience that participants take away from Partners is the close relationships formed with new friends from across Tennessee who share the experience of living with a disability. Often, Partners is the first opportunity that many parents of children with a disability have to get to know an adult with a disability. It's a very inspiring and empowering experience for the participants.

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**This story was provided
by DMRS Advisory
Council member
Dan Steffen**

At a fundraising dinner for a school that serves learning disabled children, a father of one of the students told a captivating story. He began by offering a question.

“When not interfered with by outside influences, everything nature does is done with perfection. Yet my son, Shay, cannot learn and understand things as other children do. Where is the natural order of things with my son?”

“I believe, that when a child like Shay comes into the world, an opportunity to realize true human nature presents itself, and it comes, in the way other people treat that child.”

Here is his story.

Shay and his father had walked past a park where some boys Shay knew were playing baseball. Shay asked, “Do you think they’ll let me play?”

The father knew that most of the boys would not want someone like Shay on their team, but the father also understood that if his son were allowed to play, it would give him a much-needed sense of belonging. The father approached one of the boys and asked if Shay could join them.

The boy looked around for guidance and, getting none, he took matters into his own hands and said, “We’re losing by six runs and the game is in the eighth inning. I guess he can be on our team and we’ll try to put him to bat in the ninth inning.”

In the bottom of the eighth inning, Shay’s team scored a few runs but was still behind by three. In the top of the ninth inning, Shay put on a glove and played in the outfield.

What Would You Do?



Even though no hits came his way, he was obviously ecstatic just to be in the game and on the field, grinning from ear to ear as his father waved to him from the stands.

In the bottom of the ninth, Shay’s team scored again. Now, with two outs and the bases loaded, the potential winning run was on base and Shay was scheduled to bat.

What was the team to do? At this juncture, let Shay bat and give away its chance to win the game?

Surprisingly, Shay was given the bat. Everyone knew that a hit was all but impossible because Shay didn’t even know how to hold the bat properly, much less connect with the ball.

However, as Shay stepped to the plate, the pitcher moved in a few steps to lob the ball in softly so Shay could at least be able to make contact.

The first pitch came and Shay swung clumsily and missed. The pitcher again took a few steps forward to toss the ball softly towards Shay.

As the pitch came in, Shay swung at the ball and hit a slow ground ball right back to the pitcher. The pitcher picked up the soft grounder and could have easily thrown the ball to the first baseman. Shay would have been out and that would have been the end of the game.

Instead, the pitcher took the ball and turned and threw it on a high arc to right field, far beyond the reach of the first baseman.

Everyone started yelling, “Shay, run to first! Run to first!” Never in his life had Shay ever made it to first base. He scampered down the baseline, wide-eyed and startled.

Everyone yelled, “Run to second, run to second!” By the time Shay rounded first base, the right fielder had the ball. He could have thrown to the second-baseman for the tag, but he understood the pitcher’s intentions and intentionally threw the ball high and far over the third-baseman’s head.

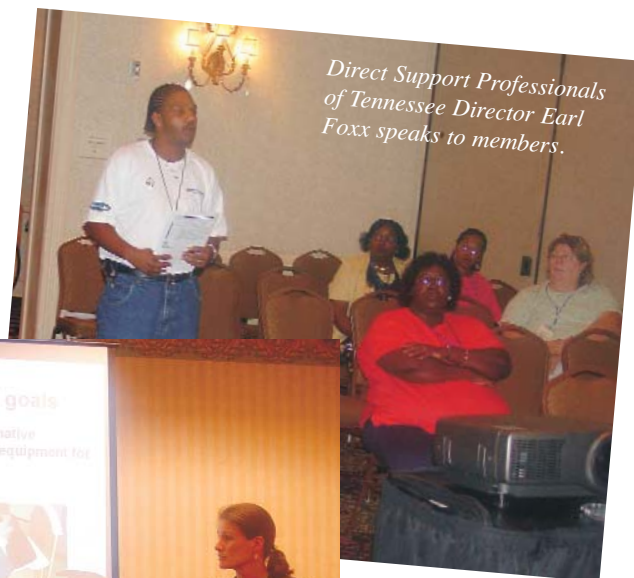
Shay ran toward second base as the runners ahead of him deliriously circled the bases toward home. Shay reached second base, the opposing shortstop ran to him, turned him in the direction of third base, and shouted, “Run to third!” As Shay rounded third, the boys from both teams were screaming, “Shay, run home!” Shay ran home, stepped on the plate, and was cheered as the hero who hit the grand slam and won the game for his team.

“That day,” said the father softly with tears rolling down his face, “the boys from both teams helped bring a piece of true love and humanity into this world.” ■

Tennessee Disability MEGAConference



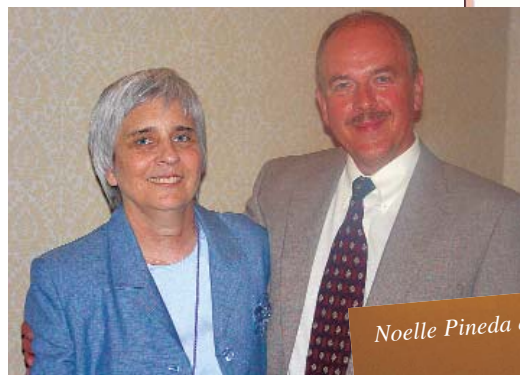
DMRS Advisory Council member Pat Fain conducts a seminar.



Direct Support Professionals of Tennessee Director Earl Foxx speaks to members.

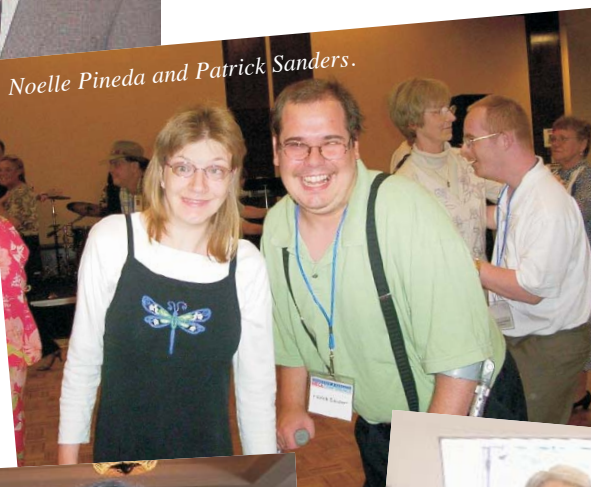


Ann Eubank of Clover Bottom Developmental Center Assistive Technology conducts a seminar.



Outgoing TNCO President Betty McNeely and new TNCO President Lee Chase.

Noelle Pineda and Patrick Sanders.



TNCO's Community Leader of the Year Charlie Parks and new Orange Grove Center Executive Director Kyle Hauth.



The Arc's Peggy Cooper.

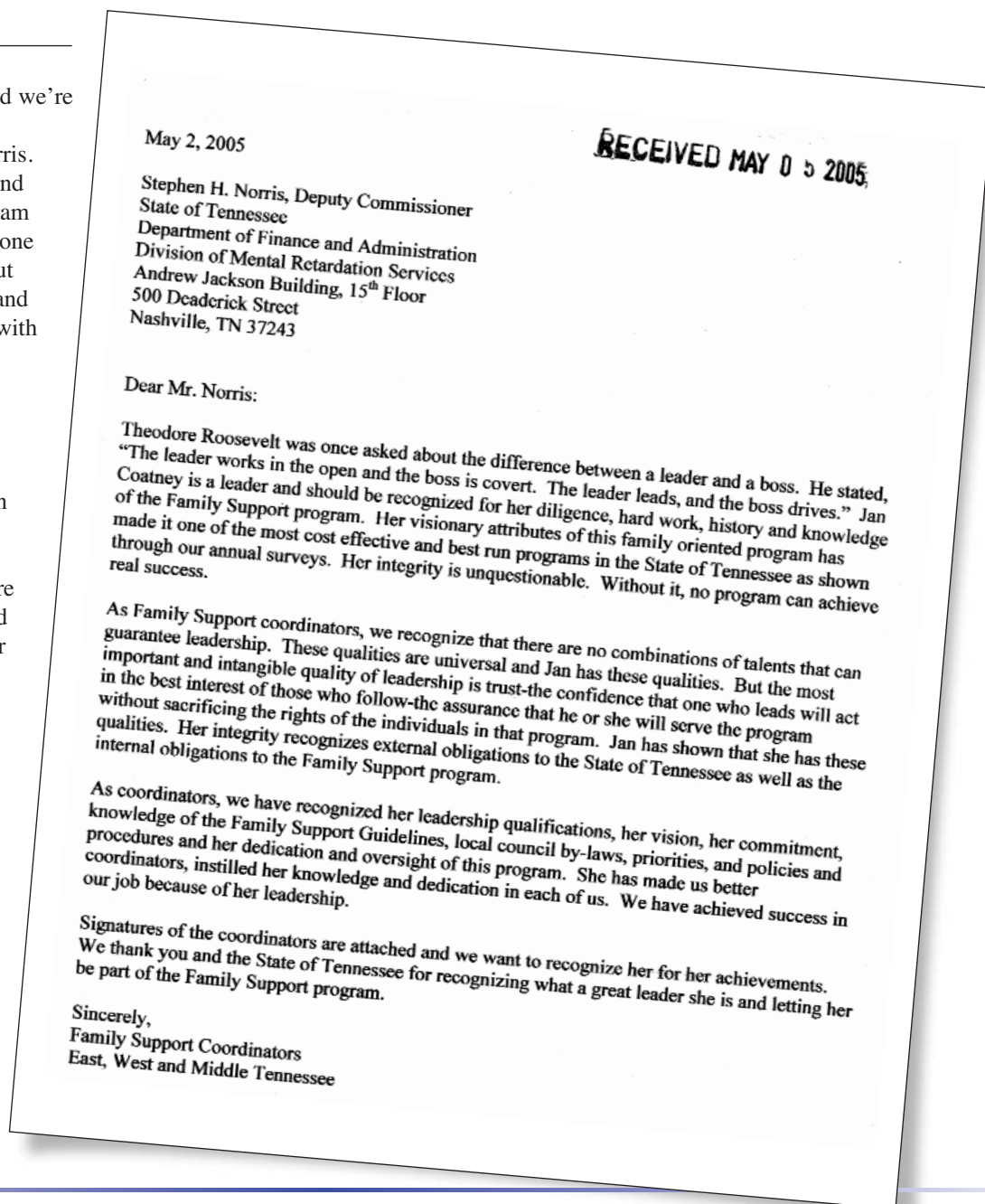


DMRS staffers L to R: Susan Moss, Tony Troiano, Merlin Littlefield, Kay Gunckel.

Jan Coatney...cont.

"Jan Coatney is a special person and we're fortunate to have her," said DMRS Deputy Commissioner Stephen Norris. "She has worked hard in growing and nurturing the Family Support Program over the years. You won't find anyone more passionate and dedicated about what they do. She has the respect and admiration of everyone associated with the DMRS."

Not surprisingly, Jan deflects the accolades she receives to others. "Our regional coordinators, the agencies, all the people that work in the Family Support Program are so wonderful," said Coatney. "All of them have such good hearts and care greatly for the persons we serve and their families. It's the results of our work which is so gratifying. When you see the families we help – keeping them together in their homes – it doesn't get any better than that." ■



ADA Turns 15...cont.

<http://www.tndisability.org/ada/TN-ADA-Network.php>. Many of these local ADA affiliates will be hosting 15th Anniversary celebrations in July.

On the national level, there will be an ADA benefit in recognition of the 15th Anniversary of the ADA benefiting ADA Watch and the National Coalition for Disability Rights. Highlights include performances by Bruce Hornsby and Sweet Honey In the Rock, as well as a special appearance by Laura Dodd, and photojournalist Tom Olin's "Images of the Disability Rights Struggle." The event will be held on Tuesday, June 21 at The Music Center at Strathmore in North Bethesda, Maryland. For more information or to RSVP, call 202-6614722 or Contact ADA Watch at atinfo@adawatch.org. ■

Tennessee Council...cont.

The Council also sponsors the Youth Leadership Forum, a one week educational program for 11th and 12th grade students who have a disability. Similar to Partners, a class of 25 students is selected from an applicant pool each year. Participants attend classes on the campus of Vanderbilt University. Classes include information on college and careers, assistive technology, the legislative process and a mentor lunch where students meet adults who have a disability from various professions.

To date, nearly 300 Tennesseans have graduated from these two programs.

To receive more information and application forms for either program, contact the Council office at 615-532-6615. ■

Fore-Gone Conclusion...cont.

Assistant Commissioner Larry Latham, Director of Information Systems Barbara Charlet, Director of Compliance John Kaufman and Director of Communications Tony Troiano conjured memories of "Caddyshack." The intrepid foursome's fortitude was unmatched, but its performance left something to be desired as the group limped home far back in the field.

"If Tony wasn't on the phone so much he might have concentrated better and sunk one of his putts," said Charlet. "Good gosh, I've had brushes with death closer than what he came to the hole. Whenever it was time for him to hit a shot he was handing me the phone asking me to talk to so-and-so."

"There were urgent media issues," said Troiano. "If Barbara hadn't been so busy telling me how to drive the cart she might have played better. 'You're too close to the green.' 'It's wet; you're going to scar

the ground.' 'Be careful!' It's hard to concentrate when you've got the Turf Police in your ear."

There were moments of glory. Charlet showed she had more than verbal energy as she consistently rescued the group with pressure shot-making. Larry "Long Drive" Latham had his partners in awe with his howitzer blasts down the fairway.

"I think the assistant commissioner has been supplementing his Wheaties," said Kaufman. "If you tested him I guarantee you'd find those drives were aided by some kind of special vitamin. Heck, he's probably got Barry Bonds on speed-dial!"

DMRS Community Operations Coordinator Susan Moss helped organize the event and will serve as tournament president next year. The petite chatterbox admonished the team for its poor performance.

"I was appalled," said Moss. "You'd think they could at least line up a fourth putt correctly! I will give John Kaufman his

due; he gets more distance out of a shank than anyone I've seen."

Brenda Clark, DMRS Director of Civil Rights, served as a tournament hostess. It was Clark's first experience with golf.

"What inning are ya'll on?" Clark would yell as one of the DMRS group was putting. "Why doesn't your ball float?" "Was that a foul ball?" "Seven? Ya'll scored a touchdown on that hole!"

DMRS Deputy Commissioner Stephen H. Norris was invited to play in the tournament, but things didn't work out. When asked if he would like to shoot golf that day he replied, "Are they in season and what's the limit?" Also, the deputy commissioner couldn't find a camouflage golf shirt.

"It would have been nice to have Deputy Commissioner Norris participating," chorused Smith and Bolick. "However, there was just no way we were going to outfit a golf cart to look like a duck blind." ■





There are many acronyms and names associated with the DMRS. In each issue of *Personally Speaking* we'll serve up a small portion of Division alphabet soup.

DSP	Direct Support Professional
EI	Early Intervention
ICF/MR	Intermediate Care Facility for Mental Retardation
QA	Quality Assurance

Here We Are!

Central Office

15th Floor, Andrew Jackson Building
500 Deaderick St.
Nashville, TN 37243
615.532.6530
www.state.tn.us/dmrs
Stephen H. Norris, Deputy Commissioner

West Regional Office

8383 Wolf Lake Dr.
Bartlett, TN 38133
901.213.1998
Allan Bullard, Director

Middle Regional Office

275 Stewarts Ferry Pike
Nashville, TN 37214
615.231.5436
Kathleen Clinton, Director

East Regional Office

Greenbriar Cottage
5908 Lyons View Dr.
Knoxville, TN 37919
865.588.0508, ext. 119
John Cravin, Director

Arlington

Developmental Center

11293 Memphis-Arlington Rd.
PO Box 586
Arlington, TN 38002-0586
901.745.7200
Leon Owens, Chief Officer

Clover Bottom Developmental Center

275 Stewarts Ferry Pike
Nashville, TN 37214-0500
615.231.5000
Levi Harris, Chief Officer

Greene Valley

Developmental Center

4850 E. Andrew Johnson Highway
PO Box 910
Greeneville, TN 37744-0910
423.787.6800
Henry Meece, Chief Officer

Personally Speaking Listens!

Personally Speaking is a Tennessee Department of Finance and Administration, Division of Mental Retardation Services' bi-monthly publication, targeting DMRS stakeholders, which appears on the DMRS website and in print. *Personally Speaking* is written and produced by the DMRS Office of Communications.

Got ideas or opinions? Send them our way!

Tony Troiano, Editor
615.253.2236
Tony.Troiano@state.tn.us

Kellie McCain, Asst. Editor
615.741.6721
Kellie.McCain@state.tn.us

Tennessee Department of Finance and Administration
Division of Mental Retardation Services
15th Floor, Andrew Jackson Building
500 Deaderick Street
Nashville, TN 37243